## FREDERICK POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

The below requested information is necessary for the processing of your application and will be kept confidential. Applications containing omissions will not be processed. If you have concerns about any of the questions below, please contact Cpl. Daniel Sullivan at 240-432-8547.

Date:		Shaded area for offi	icial use only	CPA Session: 27 <sup>th</sup>		
	_					
Name:						
Last, First	Full Middle (your applicate	tion will not be pro	cessed unless yo	ou include your full middle	name)	
Maiden Name / Former	Names / Aliases:					
					_	
Birth Date: No	Place of Birth:			U.S. Citizen:	_ Yes	
		(City / State)				
E-mail address	Driver's License Number:			State:		
Address:		Apt. #	City:	State	: Zip code:	
Home Phone:	Cell Phor	ne:		Work Phone:		
Social Security Number:						
Cumont Employees				Title / Position:		
Current Employer:				Title / Position:		
Employer Address:				Time at Current Empl	loyer:	
Why do you wish to attend the Citizen Police Academy?						
How did you hear about the Citizen Police Academy?						
Have you ever been convicted of a crime or traffic offense that could have required jail time?   Yes  No						
If you answered "yes" abo	ove, please explain:					

Please Continue to the Next Page

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Please list the name, address, and phone number of two character references who are not related to you:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
I, (Type your full name), affirm that the information on thit best of my knowledge. I understand that deliberate false statements may make me ineligible to be considered as a Citizen Police Academic Frederick Police Department reserves the right to disqualify any misdemeanors from participating the Citizen Police Academy. It permission to conduct any background investigation they deem not this application, and to use any information obtained in accomposite Department.  Applicant's Signature:  For applications filed via email your type written name may be used in page 1.	ents or the withholding of information ademy Participant. I understand the wone convicted of a felony or certain give the Frederick Police Department necessary on me as part of the processing rdance with the polices of the Frederick
Date signed:	
Completed applications may be mailed, emailed, or faxed to:	Cpl. Daniel Sullivan Training Division Frederick Police Department 6424 Plant Road Frederick, MD 21701 Cell: 240-432-8547 dsullivan@frederickmdpolice.org